Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

FONDREN ORTHOPEDIC GROUP LLC
7401 SOUTH MAIN
HOUSTON TEXAS 77030

Respondent Name
AMERICAN CASUALTY CO OF READING

Carrier's Austin Representative
Box Number 47

MFDR Tracking Number
M4-11-4961-01

MFDR Date Received
August 26, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Reimbursed at non-facility should have pd at facility rate."

Amount in Dispute: $37.17

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The bill was audited and the Explanation of Review resulted in a recommended allowance of $145.56 for CPT Code G0289. The Carrier processed the EOR and payment was made in this amount. The Requestor disagreed with the bill reduction and submitted a request for reconsideration. The Carrier processed the bill and provided Requestor with a Revised EOR. No additional reimbursement was recommended."

Response Submitted by: Law Office of Brian J. Judis

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 7, 2011	G0289	$37.17	$37.17

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets out the fee guideline reimbursement for professional medical services.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits
   - W1 – Workers Compensation State Fee schedule adjustment.
   - 663 – Reimbursement has been calculated according to the state fee schedule guidelines.

Issues

1. Did the insurance carrier reimburse the requestor the fee guideline reimbursement amount?
2. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.203 "(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is $52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is $66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. . ."
   - The Medicare physician fee schedule for G0289 for both facility and non-facility is $90.68.
   - HCPCS code G0289 is defined as "Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee."
   - Review of the EOBs dated April 7, 2011 and July 12, 2011 indicate that the insurance carrier issued payment in the amount of $145.56 applying the DWC non-surgery conversion factor of $54.54. The DWC non-surgery conversion factor for 2011 is $54.54, which results in a DWC fee guideline amount of $145.56.
   - The DWC surgery conversion factor for 2011 is $68.47, which results in a DWC fee guideline amount of $182.74. Review of the CMS-1500 indicates place of service code 22 which identifies that the services were rendered in a facility. The HCPCS level II code G0289 is defined as surgery, therefore, the surgery conversion factor applies.
   - The requestor is therefore entitled to an additional reimbursement of $37.17.
2. Review of the submitted documentation finds that the requestor is entitled to an additional reimbursement of $37.17.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $37.17.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $37.17 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

		August 30, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.